

FORM 3

LEARNING DISABILITY ACCOMMODATION VERIFICATION FORM

NOTICE TO APPLICANT: This form is to be completed by **all licensed professionals** who have been involved in the diagnosis and/or treatment of your disability or disabilities. Please read and sign the following before submitting to your treating professionals for completion:

I hereby authorize the release of the information requested on this form and authorize the release of any additional information regarding my disability or accommodations previously granted as may be requested by the Arizona Committee on Examinations.

Applicant Signature

Date Signed

Last 4 digits of Social Security Number

Date(s) of Treatment

NOTICE TO TREATING PROFESSIONAL: The following is the Committee's policy for determining whether to grant test accommodations on the Arizona Bar Examination:

In deciding petitions for accommodations by bar applicants, the Committee relies upon the following definition of disability contained in the Americans with Disabilities Act Amendments Act (ADAAA) as interpreted by controlling case law:

A disability is a physical or mental impairment that substantially limits one or more of the major life activities of an individual. A bar applicant will be compared to the average person in the general population in determining whether a disability substantially limits a major life activity.

Thus, merely having an impairment does not make an individual disabled for purposes of the ADAAA and does not automatically qualify a bar applicant for an accommodation. An applicant must also demonstrate that the impairment limits a major life activity. To qualify as being disabled under the ADAAA, an applicant must further show that the limitation on the major life activity is "substantial."

The determination of a disability by the Committee is an individualized inquiry and will be made on a case-by-case basis, per individual and per examination administration.

Legibly print or type your responses to the items below. Return the completed form to the applicant for submission to the Arizona Committee on Examinations for consideration of the applicant's request for test accommodations.

Applicant Name: _____

I. Qualifications of the Examiner/Diagnostician

Name of professional completing this form: _____

Address: _____

Telephone: _____ Fax: _____

Occupation, title, and specialty: _____

Please attach a copy of your curriculum vitae. Please describe your specialized training in the assessment, diagnosis and remediation of learning disabilities with the adult population:

II. Applicant's Disability

1. Briefly describe the applicant's diagnosis: _____

2. The applicant's treatment consisted of (include dates): _____

3. Is this a permanent condition/disability? () Yes () No

If no, when is this condition/disability likely to abate? _____

4. Explain the specific condition or physical problem that requires test accommodations:

5. Briefly describe the nature and severity of the individual's disabilities and how this affects the applicant's ability to take the examination, with a focus on the functional impact or limitation resulting from the specific disability: _____

6. Is the applicant's condition/disability ameliorated by medication or any other corrective measures? () Yes () No

If yes, please describe: _____

III. Diagnostic Information Concerning Applicant

In order to be entitled to accommodations based on learning disability, the individual must provide documentation, the applicant's expense, establishing that: 1) the individual has a learning disability that substantially limits a major life activity, and 2) the learning disability results in functional limitations that require accommodations in order to take the examination on an equal basis with other applicants for the examination. **The evaluation must:**

1. Have been administered recently, in most cases within the past five (5) years and completed with reference to adults norms;
2. Certify that the applicant's aptitude is within the average or above-average range;
3. Identify a significant discrepancy in aptitude-achievement as well as in processing measures; such discrepancies cannot be obtained from a single subtest, and
4. Document that the applicant is substantially limited in a major life function.

Date of last treatment/assessment with applicant: _____

Provide a concise description of your diagnosis (please include the specific DSM-5 diagnosis):

IV. Formal Testing

An applicant with specific learning disabilities must have been identified by an appropriate psychoeducational assessment process that is well documented in the form of a comprehensive diagnostic report. **This report should include:**

1. An account of a thorough diagnostic interview that summarizes relevant components of the individual's developmental, medical, family, social and educational history;
2. Clear, objective evidence of a substantial limitation to learning or performance provided through assessment in the areas of cognitive aptitude, achievement and information processing abilities (results must be obtained on standardized test(s) appropriate for the general adult population and be reported in standard scores and percentile(s);
3. Interpretation of the diagnostic profile that integrates assessment data, background history, observations made during the evaluation process, as well as the inclusion or ruling out of possible coexisting conditions (such as previously diagnosed psychological issues, or English as a second language) affecting the individual's performance;
4. A specific diagnostic statement. That statement should not include nonspecific terms such as "learning differences," "learning styles" or "academic problems," and
5. Each accommodation recommended must include a rationale based on diagnostic information presented (background history, test scores, documented observations, etc.).

A copy of the evaluation report, including the above outlined information, should accompany this form in order to allow the Committee to properly assess. Keep in mind that, when choosing a test battery, the technical aspects of each test should be considered. This includes the test's reliability, validity, and whether it is standardized with norms available for the general adult population. **The following list of tests** is provided as a guide to assessment instruments appropriate for the adult population. **It is not intended to be all-inclusive or may not reflect the most current version of the assessment currently being used and will vary with the needs of the individual being evaluated:**

Aptitude/Cognitive Ability

- Wechsler Adult Intelligence III (WAIS III) (including IQ, Index and scaled scores)
- Woodcock-Johnson III (WJ III): Tests of Cognitive Abilities
- Stanford-Binet Intelligence Scale (4th Ed.)
- Kaufman Adolescent and Adult Intelligence Test

Please note: The Slossen Intelligence Test and the Kaufman Brief Intelligence Test are primarily screening instruments and typically do not constitute a sufficient measure of aptitude/cognitive ability.

Achievement

- Woodcock-Johnson III (WJ III): Tests of Achievement
- Wechsler Individual Achievement Test (WIAT)
- Scholastic Abilities Test for Adults (SATA)
- Nelson-Denny Reading Test (timed and untimed); given in conjunction with one of the above tests to further document reading abilities and reading rate
- Test of Word Reading Efficiency
- The Wide Range Achievement Test Third Edition (WRAT-3)
- Peabody Individual Achievement Test (PIAT, PIAT-R)

Please note: The Wide Range Achievement Test: Third Edition (WRAT-3) and the Peabody Individual Achievement Test (PIAT, PIAT-R) typically do not constitute a sufficient measure.

Information Processing

- Wechsler Memory Scale-III
- Swanson Cognitive Process Test (S-CPT)
- Test of Adolescent/Adult Wordfinding (TAWF)
- Information from subtest, index and/or cluster scores on the WAIS-III (Working Memory; Perceptual Organization; Processing Speed) and/or the Woodcock Johnson III (WJ III): Tests of Cognitive Ability; (Visual Processing; Short Term Memory; Long Term Memory; Processing Speed) and/or The Detroit Tests of Learning Aptitude-Adult (DTLA-A) as well as other neuropsychological instruments that measure rapid automatized naming and/or phonological processing.
- Comprehensive Test of Phonological Processes

V. Learning Disability

1. Do you believe the applicant's motivation level, interview behavior, and/or test-taking behavior was adequate to yield reliable diagnostic information/test results? () Yes () No

Describe how this determination was made: _____

2. Please include any informal measures, background history, and clinical observations that aided you in determining that this individual has a learning disability. _____

3. Is the applicant substantially limited in a major life activity? () Yes () No

If yes, identify the major life activity and describe the substantial limitation: _____

4. Is the applicant significantly restricted as to the condition, manner or duration under which the applicant can perform the activity as compared to the general population? () Yes () No

Please explain why or why not: _____

VI. Accommodations Recommended for the Bar Examination

Based on the applicant's condition or disability and your diagnosis, what test accommodations, if any, would you recommend? (Check all that would apply.)

Alternative Formats

- ☐ Large Print Examination Materials (check one: ☐ 18 pt or ☐ 24 pt)
- ☐ Braille
- ☐ Audio CD
- ☐ Extended Time (complete applicable section)

☐ Other please specify: _____

Personal Assistance

- ☐ Dictate to a Digital Recorder
- ☐ Dictate to a Typist/Reporter
- ☐ Reader for MEE/MPT
- ☐ Scribe for MBE
- ☐ Assistance with MBE Scantron sheet
- ☐ Other please specify: _____

Testing Environment

- ☐ Distraction reduced setting
- ☐ Wheelchair accessible
- ☐ Other please specify: _____

Please provide rationale for request(s) indicated above: _____

The bar exam is administered in three-hour sessions from 9:00 a.m. to 12:00 noon and 2:00 p.m. to 5:00 p.m. on Tuesday and Wednesday as scheduled twice each year. If recommending additional time on the examination, please provide rationale.

() Recommend Extra Testing Time - Essay portion: ☐ 10% ☐ 25% ☐ 33% ☐ 50%

() Other (specify): _____

Rationale: _____

() Recommend Extra Testing Time - MBE portion (multiple-choice): ☐ 10% ☐ 25% ☐ 33% ☐ 50%

() Other (specify): _____

Rationale: _____

() **Extra** breaks/Rest periods. How long and how often are rest breaks needed? _____

Please provide your rationale for recommending additional time for rest breaks during the examination. If you are recommending additional time for rest breaks as well as additional time on the essay and/or the multiple-choice portions of the examination, please explain why additional time for rest breaks is also necessary. _____

() Extra testing days. How many **total** days recommended? _____

() Other arrangements recommended (e.g., elevated table, seat near restroom, etc.): _____

Please list your academic and professional credentials allowing you to diagnose this applicant's disability: _____

VII. Examiner's/Diagnostician's Certification

I attach hereto copies of all test results, evaluations, education or psychological reports that I relied upon in making this diagnosis of the applicant's condition/disability (notes and worksheets are not required as part of this submission). **This documentation is required.**

I certify that all the information on this form is true and correct to the best of my knowledge and belief.

Signature of Professional Completing Form

Date Signed

License/Certification Number/State